PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIRS	T NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/941,301	08/29/2001	-	Raimo Bakis	BOC9-2001-0022-(266)	6553	
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nonprovisional	NO	\$1400	\$300	\$1700	02/17/2006	
EXAMINER		ART UNIT	CLASS-SUBCL	ASS		
WOZNIAK, JAMES S		2655	704-26000	0		
CFR 1.363). Change of correspondence address (or Change of Co-Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication PTO/SB/47; Rev 03-02 or more recent) attached. Use on Number is required.		Correspondence or (2 trion form record a Customer 2	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Akerman Senterfit Akerman Senterfit			
. ASSIGNEE NAME AND	D RESIDENCE DATA TO B	E PRINTED ON THE I	PATENT (print or type)		·	
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee data of this form is NOT a su	will appear on the patent. In abstitute for filing an assignment	f an assignee is identified below, the ent.	document has been filed	
(A) NAME OF ASSIGN	IEE	(B) RE	SIDENCE: (CITY and STAT	E OR COUNTRY)		
Internationa	l Business Mach	ines Corpora	tion, Armonk, 1	NY		
	e assignee category or catego	ries (will not be printed	on the patent):	ual Corporation or other private g	group entity Governm	
Please check the appropriate	0 0,					
		4b. Pay	ment of Fee(s):			
		— ·	ment of Fee(s): A check in the amount of the	fee(s) is enclosed.		
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JAN 0 3 2006

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

09/941,301

Confirmation No. 6553

Applicant

Bakis, et al.

Filed

August 29, 2001

TC/A.U.

2655

Examiner

WOZNIAK, JAMES S.

Docket No.

BOC9-2001-0022 (266)

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Please find enclosed for filing:

- 1. Form PTOL-85B (Issue Fee, Advanced Order)
- 2. Fee Address Indication Form (PTO/SB/47)
- 3. Check in the amount of \$1,700.00
- 4. Please charge any deficiencies or credit any overpayment to Deposit Account No. 50-0951.

This Transmittal Letter as well as the Fee Transmittal Form PTOL-85B are submitted in duplicate.

Respectfully submitted,

Date: December 21, 2005

Gregory A. Nelson, Registration No. 30,577 Richard A. Hinson, Registration No. 47,652

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